

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		64181	2-4-00
O.I.P.E. CLASSIFIER			3/2/00
FORMALITY REVIEW	C	111	11/19
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	1/22/00
Original	
1	✓
2	✓
3	✓
4	✓
5	○
6	✓
7	○
8	○
9	✓
10	○
11	○
12	✓
13	✓
14	✓
15	✓
16	✓
17	○
18	○
19	○
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21	○
22	○
23	○
24	○
25	✓
26	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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